

# Temporal Arteritis Pathway

## Primary Care

**Patients with Possible Temporal Arteritis**

- Age >50
- Recent onset temporal headache
- Scalp/temporal tenderness:
- visual symptoms (blurring, loss of vision, diplopia, jaw/ tongue claudication)
- PMR

**ACR Classification of Temporal Arteritis**

1. Age over 50 years.
2. New onset localised headache.
3. TA tenderness or decreased pulse.
4. ESR more than 50.
5. Abnormal TA biopsy showing inflammatory changes with granulomatous infiltration.

A score of 3 has a sensitivity of 93% and a specificity of 91%

If CRP ≤ 15

- Temporal Arteritis highly unlikely
- STOP PREDNISOLONE
- Consider alternative diagnosis eg migraine, herpes zoster, cluster headache, acute angle glaucoma, TMJ pain, cervical spondylosis, malignancy

**URGENT (same day) bloods**

- CRP, ESR, FBC, U&E, LFT, Glucose
- Start PREDNISOLONE 60 mg daily if visual symptoms /40 mg daily if NO Visual symptoms
- Start Aspirin 75 mg daily (if not contraindicated)
- Start PPI

Assess response to prednisolone within 48 hours .  
If poor response seek specialist advice and consider alternative diagnosis

Advice patient to seek medical help if they develop visual disturbance

IF CRP > 15 AND/OR ESR > 40  
Temporal arteritis possible  
Are there any  
ACUTE VISUAL SYMPTOMS

URGENT referral to MSK Barnsley (Rheumatology specialty category) via e-referral / choose and book

Contact Ophthalmology on call for URGENT review  
On call doctor- through switchboard OR through secretaries Michelle Gorst 01226 2782 or Tanya Sanderson 01226 432009

